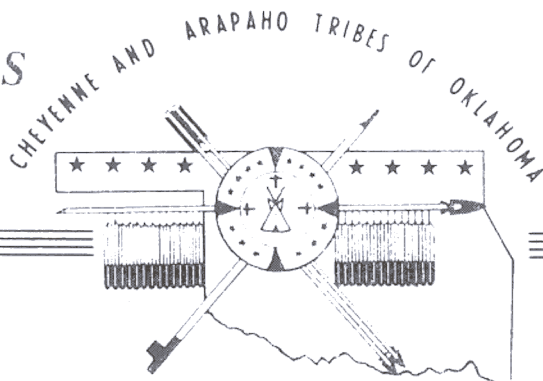


SOCIAL SERVICES

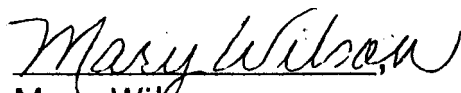


P.O. Box 38
Concho, OK 73022
(405) 262-0345
(405) 262-0185
1-800-247-4612

The Social Services LIHEAP Program 2003 is accepting applications for utility costs. A copy of your CDIB, Income verification for past year and the ORIGINAL utility bill must be submitted with the application for payment. The regular LIHEAP requires ORIGINAL utility bill for a payment on a non cut-off. If you are in cut-off status, you must submit the ORIGINAL bill with the cut-off. The utility bill must be current. (FAXED APPLICATIONS WILL BE DELAYED UNTIL THE ORIGINAL UTILITY BILL & APPLICATION IS RECEIVED) You must submit your income verification for the past twelve months. Income includes, but it is not limited to, VA, SSI, Social Security, Disability, and Unemployment benefits, Child Support, IIM, TANF, General Assistance and all Earned Income for the adult household. (Please send copies of income verification.) Failure to do as stated will result in your application not being processed.

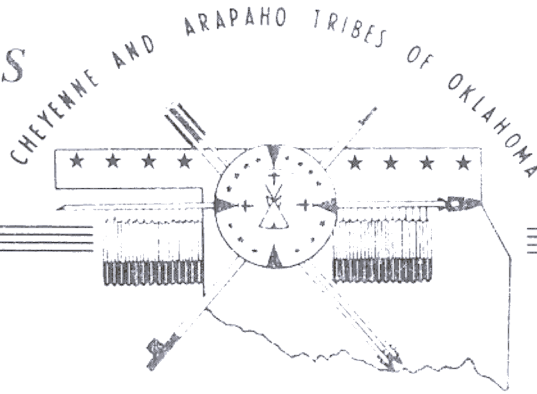
If you have already received utility assistance from any local or state agencies, DHS, C&A Tribal Emergency Assistance or LiHeap from other Tribes, you are not eligible for this program. LiHeap will not pay on in-active accounts. Please, follow-up on your application by calling 1-800-247-4612 Ext. #27580.

Thank you,


Mary Wilson,
LIHEAP

SOCIAL SERVICES

P.O. Box 38
Concho, OK 73022
(405) 262-0345
(405) 262-0185
1-800-247-4612



LIHEAP 2003
Page 1

ENERGY ASSISTANCE PROGRAM APPLICATION

Please Read

THE AMOUNT OF PAYMENT ASSISTANCE TOWARD YOUR UTILITY BILL IS CALCULATED BY TAKING INTO CONSIDERATION THE FOLLOWING INFORMATION. YOU WILL BE INFORMED BY MAIL OF THE EXACT AMOUNT OF PAYMENT AWARDED. PLEASE COMPLETE ALL QUESTIONS TO THE BEST OF YOUR ABILITY. IF YOU NEED ASSISTANCE FILLING OUT THIS FORM, HELP WILL BE PROVIDED TO YOU. **INCOME VERIFICATION WILL BE REQUIRED.** THIS IS TO VERIFY YOUR INCOME FOR THE PAST YEAR.

THIS APPLICATION CANNOT BE PROCESSED IF IT IS RETURNED INCOMPLETE. IF INCOMPLETE, UNSIGNED OR NOT DATED, DENIAL OF ASSISTANCE MAY OCCUR.

DATE: _____.

APPLICANT MUST BE HEAD OF HOUSEHOLD

NAME _____ SSN: _____ DOB: _____

SPOUSE _____ SSN: _____ DOB: _____

ADDRESS: _____ CITY/STATE/ZIP _____

TRIBE: _____ TELEPHONE (MESSAGE): _____

HOUSEHOLD MEMBERS

NAME	DOB	RELATIONSHIP	TRIBE	EMPLOYED? Y OR N
SELF				
2.				
3.				
4.				
5.				
6.				

LIST INCOME FOR THE ENTIRE HOUSEHOLD. VERIFICATION OF ALL INCOME FOR ALL ADULT (18 & over) HOUSEHOLD MEMBERS MUST ACCOMPANY THIS APPLICATION. INCOME IS BASED ON A TWELVE-MONTH PERIOD OR THREE MONTHS MULTIPLIED BY FOUR, PRECEEDING THE DATE OF APPLICATION.

LIST AMOUNT PER MONTH RECEIVED

\$ _____ EMPLOYMENT <u>current or most recent</u>	\$ _____ UNEMPLOYMENT
Employer Name: _____	\$ _____ DHS Assistance/TANF
Supervisor Name: _____	\$ _____ CHILD SUPPORT
Company Address: _____	\$ _____ SOCIAL SECURITY
	\$ _____ SUPPLEMENTAL INCOME
Telephone Number: _____	\$ _____ DISABILITY/RETIREMENT
Wage Per Hour: _____ How often paid _____	\$ _____ GENERAL ASSISTANCE
Hire Date: _____ Last date Worked: _____	\$ _____ M/ACCT.# _____
	\$ _____ VA
	\$ _____ OTHER

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Circle one

1. Have you made an application for Energy Assistance (ECAP) from DHS? Y or N
2. If yes, What County and Date?
3. Is any household member Handicapped, Disabled or Elderly? Y or N
(Please circle one)
4. If yes, Which? _____ Age? _____
5. Does any household member receive food stamps? Amount? _____ Y or N
6. Has your home been weatherized in the past? Y or N
If no, Would you like to have information mailed to you? _____
8. Is any household member receiving donated foods (Food Distribution) Y or N
9. If no, Would you like to have a referral for this type assistance? _____
10. Have you had a Sudden Reduction in Income? Y or N
If yes, Please Explain: _____

HOUSE INFORMATION

TYPE OF HOUSING:

(Circle one)

Single Dwelling

HUD Housing

Apartment

Mobile Home

Do you own your home? Y or N

I rent my house at \$_____per mo.

From what source did you hear about the LIHEAP program? _____

UTILITY INFORMATION:

Name of Utility Company: _____

Account Number: _____

Company Address: _____

Account Name: _____

NOTE: Original bill must be submitted before applications are processed. Your bill has to be for the current month. Li heap will not pay for previous balances, deposits, reconnect, or tax charges. A percentage of the current usage will be paid depending on income.

STATEMENT OF WHY THE EMERGENCY UTILITY ASSISTANCE IS NEEDED:

Client counseled by: _____
Caseworker Initials

PLEASE READ CAREFULLY!

I certify that the information on this application is true and correct to the best of my knowledge. I will provide proof of my income and authorize the LIHEAP coordinator to obtain information necessary to verify any of these statements. Proof of all statements made on this application must be provided before consideration of eligibility. I understand, that if I am deemed eligible or ineligible, I will be notified within thirty (30) days from the date of my application. I further understand that should I wish to file an appeal, it must be made to the program within ten (10) days after the notification of ineligibility has been sent to me. I understand if I don't appeal a denial, then after the ten (10) days the decision is final.

SIGNATURE

DATE

APPEALS PROCESS

You may appeal a decision of this program, if you believe that services should not be denied or applications were not acted upon with reasonable promptness if you believe that you are entitled to a higher level of assistance than the amount received. If you wish to request a hearing, you must do so in writing within ten (10) days from receiving your decision letter.

Please submit your application to: Cheyenne-Arapaho Tribes of Oklahoma
Social Services Program
Attention: LIHEAP Program
Post Office Box 38
Concho, Oklahoma 73022

FOR OFFICE USE ONLY:

Notification Date: _____ Letter / Phone _____ Fax / Phone / Letter _____
Client Vendor

APPROVED _____ DISAPPROVED _____ Caseworker Signature _____